

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000016764

1. Entity Name

APALACHICOLA SELF STORAGE, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90082 040 ***150.00

Principal Place of Business Mailing Address
41 Commerce Street 178 Ave C
Apalachicola, FL 32320 Apalachicola, FL 32320

836503

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3233470		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
J. Ben Watkins Atty. 41 Commerce Street Apalachicola, FL 32320				Name			
				L. Robert Siprell			
				Street Address (P.O. Box Number is Not Acceptable)			
				178 Ave. C Apalachicola, FL 32320			
				City		FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE L. Robert Siprell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-12-00

9. This corporation is eligible to satisfy its Intangible— Tax filing requirement and elects to do so. (See criteria on back) ☐		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	S ☐ Change ☒ Addition
NAME	J. Ben Watkins	NAME	L. Robert Siprell
STREET ADDRESS	41 Commerce Street	STREET ADDRESS	178 Ave C
CITY-ST-ZIP	Apalachicola, FL 32320 ☐ Delete	CITY-ST-ZIP	Apalachicola, FL 32320 ☐ Change ☐ Addition
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-653-9555

4-12-2000

Date

Daytime Phone #

CR2E034 (9/99)